

Prescription Drug Coverage

Each medical plan automatically comes with prescription drug coverage through BCBS. You will use your medical plan ID card to fill prescriptions at one of over 70,000 BCBS participating pharmacies. Participating chain retail pharmacies include CVS Caremark, Costco, Walgreens, Walmart, and several others. For a full list of participating chain retail pharmacies, go to www.SouthCarolinaBlues.com. Under the “Helpful Links” section on the right, select “Prescription Drug Information”.

Using Generic Prescriptions

The prescription drug program with BCBS has a mandatory generic component. If your provider prescribes a brand name drug or if you are currently taking a brand name drug, and a generic equivalent or over-the-counter drug is available, you will be required to pay (1) the difference between the cost of the generic equivalent or over-the-counter drug and the higher cost of the brand name drug; and (2) the prescription drug copayment or coinsurance for the brand name drug. In no instance will you pay more than the actual retail price of the drug.

For example, suppose you are enrolled in the Core Plan and are taking a brand name drug listed on the covered BCBS Preferred Drug List with a retail cost of \$250. There is also a generic equivalent available and the retail cost of the generic is \$45. When you fill your prescription for the preferred brand name drug, you will be required to pay \$245 (\$250 (the brand name drug retail cost) — \$45 (the generic drug retail cost) + \$40 (the preferred brand copay). If you use the generic equivalent, you would only pay up to \$20, the generic copay amount.

To determine if your prescription drug is a generic, go www.SouthCarolinaBlues.com and click on “Prescription Drug Information” on the right hand side. Next, under the “Drug Lists and Drug Management Programs” section, select “Lists and Programs”. Select “Preferred Drug List (PDL)”. Generic drugs are Tier 1 drugs and are listed on the PDL list in lowercase letters.

What if your medication is not a generic? Ask your doctor if a generic equivalent or lower-cost option is available and right for you.

Prescriptions Requiring Pre-Authorization and Specialty Medications

Certain specialty and non-specialty medications require pre-authorization before they will be covered under your medical plan’s prescription drug coverage. In addition, some drugs may require medical necessity prior authorization (MNPA). Before your plan will cover drugs that require MNPA, you must try one or more covered alternatives first.

Most drugs that require pre-authorization are brand name drugs. Therefore, if you are currently taking a generic medication, it is unlikely that you will be required to obtain pre-authorization or MNPA. To determine if your current medications will require authorization or MPNA or to see if your medication is considered a specialty medication, go to www.YourBenefitsCenter.com.

Additional Information

For more information about the prescription drug program, refer to the BCBS enrollment guide on www.YourBenefitsCenter.com, or go to www.SouthCarolinaBlues.com.